



UPWARD BOUND PROGRAMS

SAN DIEGO STATE UNIVERSITY

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UPWARD BOUND PROGRAMS

San Diego State University



UB CLASSIC



UB STAR

APPLICATION FOR STUDENT ADMISSION

Application Deadline: March

🕒 Program Dates: June 21– August 4, 2007 🕒

Dear Applicant: This application will play an important part in considering you for participation in the Upward Bound Program. Please take the time to complete the entire application before it is returned. Applicants who return their completed application by the deadline date will be given first priority for personal interviews.

PART 1: STUDENT INFORMATION

Name _____ Gender? Female Male
LAST FIRST M.I.

Address _____
STREET/APT. # CITY STATE ZIP

Home telephone no. (____) _____ Social Security No. _____ - ____ - _____

Date of birth ____/____/____ Place of birth _____
MONTH DAY YEAR CITY STATE

Are you currently a citizen or legal resident of the United States? Yes No Applied

In "No" or "Applied," what is your Resident Alien Registration or INS Case Number _____
Please attach a copy of your Social Security Card, Alien Registration Card or INS paperwork.

E-mail address _____

Please check-off ethnic background

- | | | |
|---|--|---|
| <input type="radio"/> Black/Continental African | <input type="radio"/> Asian | <input type="radio"/> Latino(a)/Mexican |
| <input type="radio"/> Native American or Alaskan Native | <input type="radio"/> Pacific Islander | <input type="radio"/> White/Caucasian |

PART 2: ACADEMIC INFORMATION

Name of high school _____ Grade level 9th 10th 11th

Current High School Overall Cumulative weighted grade point average (GPA) _____

Are you participating in the free or reduced lunch program at school? Yes No

Please check off all of the Upward Bound Program activities that you could participate in during the year
 After school study session (1 day per week) Summer Residential Program (6 weeks)

PART 3: PARENT INFORMATION

All parents/guardians must complete the following information

FATHER/MALE GUARDIAN

Name _____ Work telephone no. (____) _____

Highest level of education completed (please check only one of the following)

Less than high school High school Junior College Technical/Vocational

Bachelor's Degree; Country in which Bachelor's Degree was attained _____

MOTHER/FEMALE GUARDIAN

Name _____ Work telephone no. (_____) _____

Highest level of education completed (please check only one of the following)

Less than high school High school Junior College Technical/Vocational

Bachelor's Degree; Country in which Bachelor's Degree was attained _____

Please list the primary or main language that is spoken in your home _____

TOTAL number of persons residing in your home (include parents, children and any others) _____

Who does the student currently live with? Mother Father Both Guardian (specify) _____

PART 4: FINANCIAL INFORMATION

TO BE COMPLETED BY THE PARENT ON GUARDIAN

Please submit a copy of your last income tax return along with this application

The U.S. Department of Education requires that Upward Bound gather this data in order to determine student eligibility to participate in our program. We cannot accept applications without proof of income. The information you give us will be kept confidential and is protected by the Federal Privacy Act.

1. Did you file a Federal Income Tax Return LAST year? Yes No

If "yes" please enclose a copy of the first two pages only of last year's Federal 1040, 1040-A or 1040EZ tax form.

If "no" please complete the information in question #2.

2. If you did not file an income tax form last year or you are a recipient of public assistance, please indicate the source and the TOTAL amount of any and all income you received last tax year for each of the sources listed below

Please remember to enclose a copy of any documentation that proves the income(s) source(s) that you list below

Self employment \$ _____ Unemployment \$ _____

Social Security \$ _____ Disability Payments \$ _____

AFDC/Welfare \$ _____ Other Income \$ _____

Your application WILL NOT BE CONSIDERED without proof of income.

PART 5: AUTHORIZATION FOR RELEASE OF RECORDS AND LIABILITY

I hereby authorize the SDSU Upward Bound Program to have access to my child's permanent school records during the application process and throughout the period of active participation in the program. I further release SDSU, the SDSU Research Foundation and the SDSU PCI Upward Bound Program from any liability relating to my son or daughter's participation in Program activities and fieldtrips throughout the period of participation in the Program.

Parent/Guardian Name (please print)

Parent/Guardian Signature (please sign)

Date

Student Name (please print)

Parent/Guardian Signature (please sign)

Date

FOR UB OFFICE USE ONLY

Residency checked _____ Total income _____

LI FG LI/FG



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